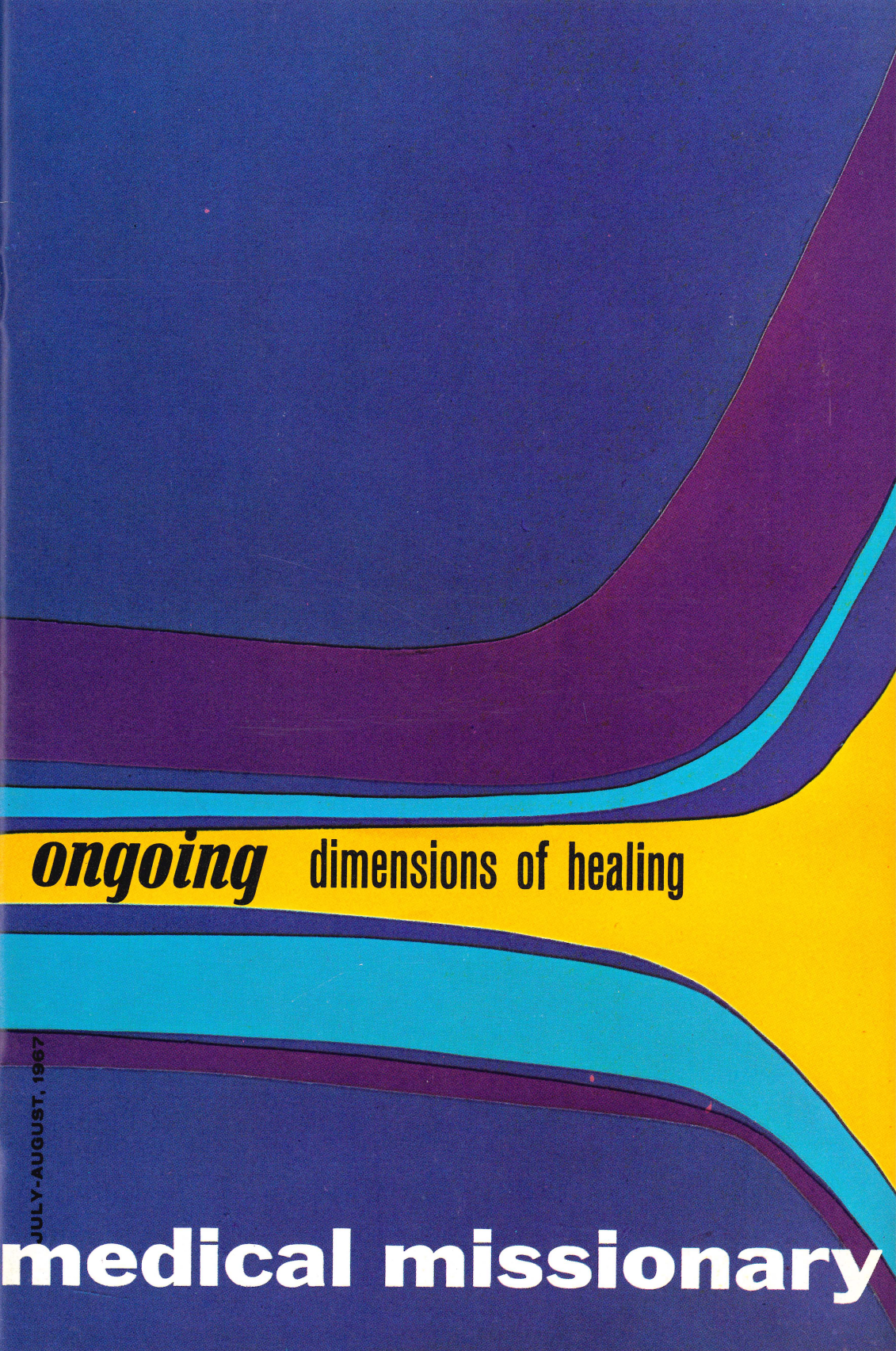
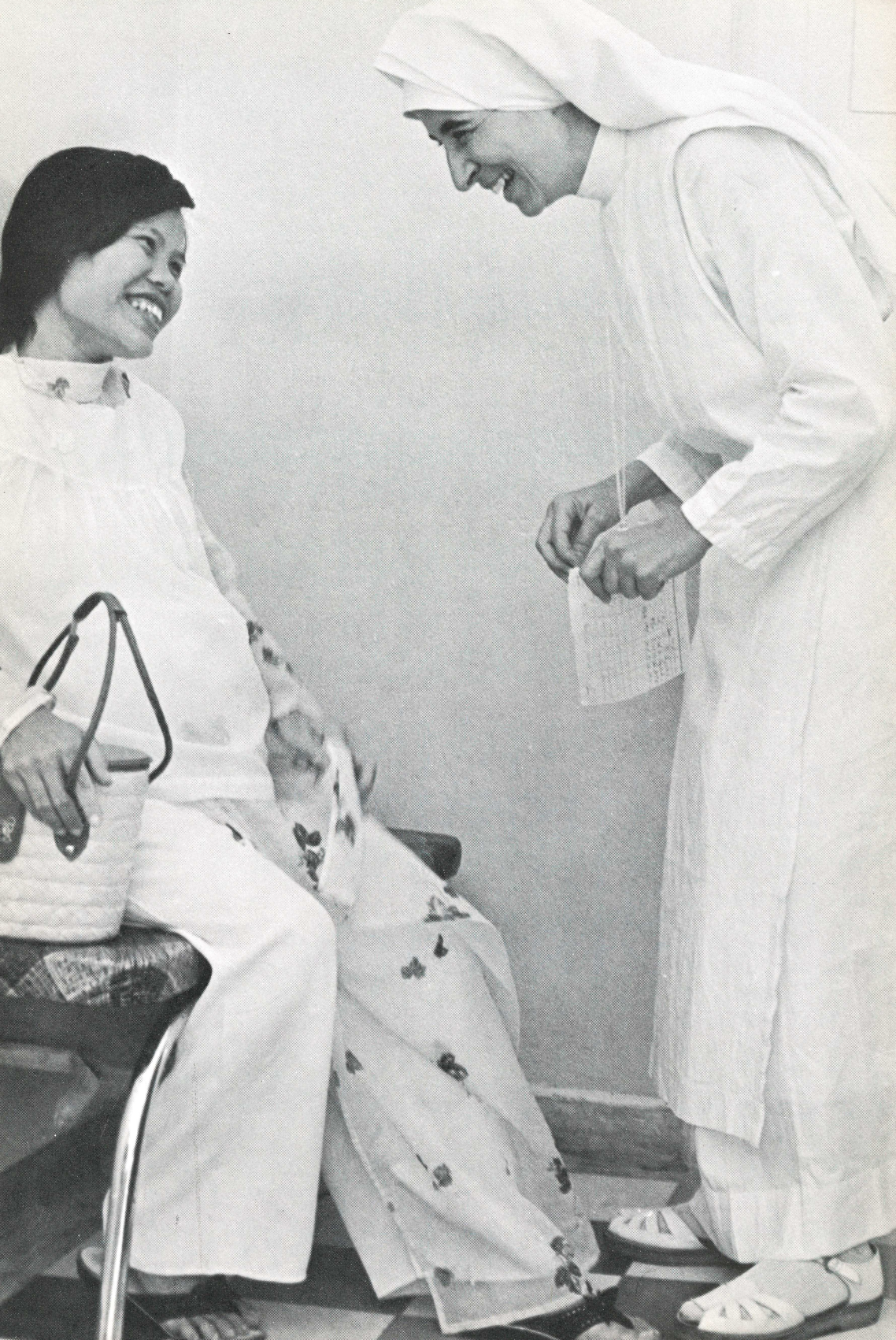

ongoing dimensions of healing
JULY-AUGUST, 1967
medical missionary



# medical missionary

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# The Ongoing Dimensions Of Healing

*By Sister M. Gerard*

**Healing: a stepping out of ourselves and into our neighbor's need.**

*Off to the village for public health work. Dacca, East Pakistan.*

## Healing: always a new creation, a beginning again, a process that quite literally goes on.

*Nursery. Holy Family Hospital, Patna, India.*

The ongoing dimensions of healing are rooted in the biblical concept of Yahweh as the creating, saving, healing God of history. It is a present tense concept: "He-Who-Is" *is* always creating, saving, healing *now*. Just as history is an ongoing thing, so is the Lord of history an ongoing God and all His saving actions are in the present, *continuous* tense. Yahweh is an I-N-G God.

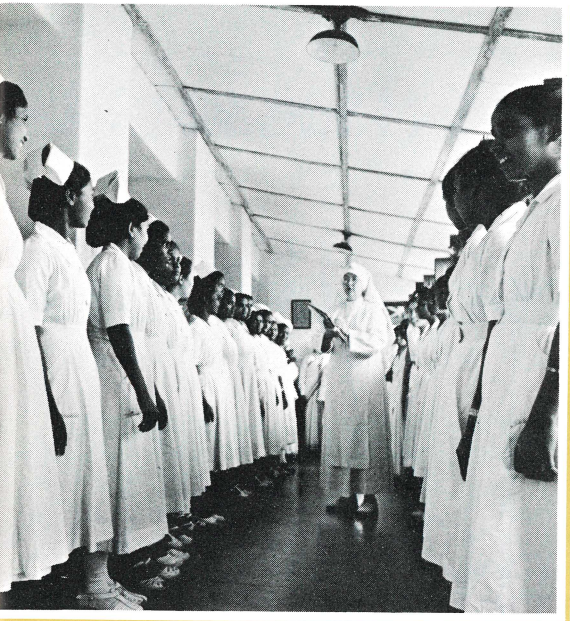
For this reason the healing mission of the Church concretizes, makes present in the world today, that particular saving action of our I-N-G God: to continue to create man over and over again by remaking him to wholeness, in a word, by healing him. It is a constant tangible witness to the present actuality of the prophet's word: "he will cry to Me and I will heal him," heal him *now*. As the cry is a continuous one, so too is the healing response continuous.

There is an intimate relationship between God's continuous creativity and His continuing healing in the world He makes new every day. Healing is always a new creation, a beginning again of what had stopped, a finding again of what was lost. "Behold, I make all things *new*." Healing continues the original word: "let there be . . ."

The witness of dedicated service to the healing mission in the world's emerging nations is the witness to this particular ongoing dimension of God's making all things new. Because there is dedication, there is continuity. The "ongoingness" is rooted in the consecration to the

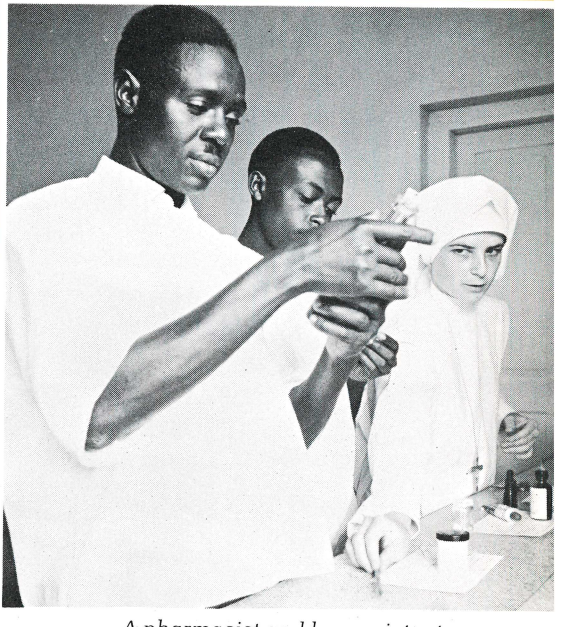
# Developing nations, "go ahead" people. Show them how, and the healing will go on.

*Training nurses for the future of India (Holy Family Hospital, Mandar) . . .*



*. . . Africa (Holy Family Hospital, Berekum, Ghana) . . .*

*. . . Pakistan (Holy Family Hospital, Karachi, West Pakistan)*



*A pharmacist and her assistants. (Sister Philip, Fort Portal, Uganda)*

*A Sister-doctor and resident M.D.'s. (Rawalpindi, West Pakistan)*

*A technologist and those determined to learn. (Sister Michael Ann, New Delhi, India)*

*Staff, co-workers of the country, give assurance that the healing will go on. (Karachi, West Pakistan)*

*Today I am a learner. Tomorrow I am on my own. (Sister Fernande, M.D., heals and instructs in Berekum, Ghana)*

ongoing God, to His always-to-be-depended-on-INGness.

Take for example a hospital such as Holy Family in Rawalpindi, West Pakistan. This year, 1967, marks the fortieth year of healing service given by that hospital. What began in 1927 *continues* in 1967. It is not a matter of sporadic efforts, a few years of intensive service and then a cessation, a romantic healing interlude. It is a matter of continuity, of ongoingness which despite all obstacles and difficulties, quite literally *goes on.*

The example can be multiplied by healing centers in all the needy areas of our world. There is this constant being *present* to the need which is the miracle of ongoingness. Not all are reached, not all are helped, but the hand continues to stretch itself out to those who can clasp it now.

Further, the presence itself is not a static one. The way patients were being helped in Rawalpindi in 1927 is not the way they are being helped today. An important part of the ongoing dimension is its progressive, dynamic, evolutionary nature. We are always learning more and more about *how* to heal others, both scientifically and psychologically. The art of healing is a matter of practice throughout the course of man's long history of trying to renew the face of the earth.

Practice, new discoveries, imply hope. This aspect of *hopefulness,* of looking to the future, is integral to the continuity of the art of healing. Because we always can hope to find a better cure, a better medicine, a better way to heal, we press on in the hope that all things are possible, discoverable, curable, moving forward to that earnestly-longed-for time so beautifully described by the prophet when ". . . the lame man will leap as the hart, the blind will see, the deaf will have their ears unstopped . . ." (Isais 35:5,6) This hope of healing roots in the hope of the messianic era. When the Messiah comes, when the kingdom is here, then all will be healing, all will be health, all will be joy.

And that is part of the paradox. For the Messiah has come and yet He is still coming; the kingdom is here and yet we pray for its arrival. Just so, the healing is going on but it points in its ongoing dimensions to that complete wholeness which will be realized only at the end. "For now we know in part . . ." and we heal in part. Definitive health like definitive salvation awaits the parousia.

To heal then implies both limitations and infinite possibilities. We find ourselves always between these polarities: to be able to alleviate sickness and pain and not to be able to alleviate it. There is this perpetual struggle, the struggle between life and death, which in the here and now always *seems* to name death as victor. One becomes aware of the mocking laughter in the face of the incurable, the mentally ill, the one who has lost hope.

But, ". . . your *faith* has healed you." (Lk. 8:48) *Faith is* the ongoing

*(continued on page 120 )*

*Building a better tomorrow. The new school of nursing in Quinhon, South Vietnam.*

*Sister Karen (author) and one of the 50,000 who put their trust in the* Ba My, *the "American Sister."*

# THE STRUGGLE OF

*By Sister M. Karen*

Typhus, typhoid, amoebic dysentery, infectious hepatitis and malnutrition are real killers in Vietnam. These diseases kill more people than the war. The life span of a peasant is 35 years of age, and one half of the children die before the age of five. The final battle to be waged in Vietnam will be one against disease.

Holy Family Hospital in Quinhon, South Vietnam, staffed by ten Medical Mission Sisters of Philadelphia, is fighting these killers. But health cannot simply be given to people. It demands their participation. Health workers, leaders from among the people of the country, must be trained to teach the people to help themselves. Training of indigenous doctors and nurses is a vital part of all medical mission work. No outside organization can ever provide the medical personnel that underdeveloped areas need.

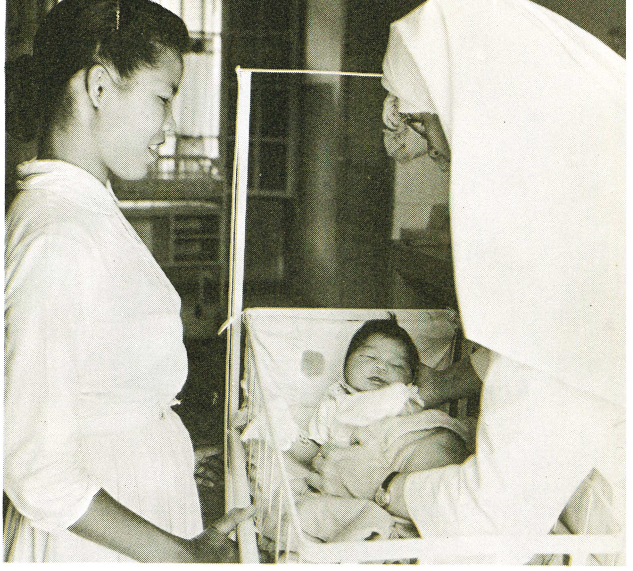
We have just received approval from a pleased and grateful government of South Vietnam to start a school of nursing in July. The program will consist of a twelve-month course progressing to a three-year nurse-technician program. In South Vietnam at the present time only two schools of nursing exist. One is located in Saigon and the other in Hue.

Dr. Dooley has said, "It is impossible to bring 20th-century medicine to 18th- and 19th-century conditions." An up-to-date modern hospital cannot function under such circumstances. These were the conditions we knew we were going to find in Quinhon. But with faith, perseverance and the generous contributions of countless Catholics and non-Catholics alike, we were able to erect a modern hospital equipped with plumbing and electricity, com-



**In healing there is a perpetual struggle . . .**

*Sister Karen with two applicants for the new school, ready and eager to begin.*



*A Vietnamese aide sees in new life a symbol of hope.*

# LIFE AND DEATH

parable to any small hospital found in the U. S. The present staff includes two doctors, an anesthetist, several nurse-midwives, a pharmacist and a technician. These Sisters are assisted by Vietnamese nurses and nurse aides. Fifty-thousand people affectionately call the Sisters *Ba My,* which means "the American Sister," or *Bac Sy My,* which means "the American Sister-doctor." Comments are often made about the *Ba My* with the happy smiling faces. We are running the hospital for the ordinary people from the rice paddies and small villages, and these people place their trust in us.

Holy Family Hospital, which has no connection with the U. S. or Vietnamese government, was established in 1960 by the Medical Mission Sisters of Philadelphia and is privately supported. A tremendous transformation has taken place since two French Canadian Sisters and I first landed on the shores of this tiny coastal resort town of 20,000 inhabitants back in the summer of 1960. One doctor was administering to the needs of these people and there was no hospital at the time. Now the population of the town has tripled because of the exodus of refugees from the North. In 1963, U. S. involvement in the war brought hundreds of American soldiers to Quinhon. War expenditure led to inflation. The extra wing which we had intended to add to the hospital since 1964 could not be finished until this year because of the rising costs of building material. Finished too, at long last, is the projected school of nursing.

At first patients came to the hospital only from the surrounding area. Now more and more frequently we receive patients picked up by the special forces who have traveled

*Three nurse aides look to Sister Brendan for guidance in learning hospital routine.*

many kilometers through heavily infiltrated Viet Cong territory to Quinhon by army truck or helicopter. Our experience with the special forces has been one of admiration for their receptiveness to the sufferings of their fellow man. These American boys have become our friends and in a sense our co-workers. If I were the parent, the wife or the sister of one of these men, I would be proud to know how these big, tough Americans melt at the sight of a suffering child; how they will go to no end of trouble to help the injured, even though it often means going many miles out of their way, risking their own lives to travel roads that are knowingly infiltrated with Viet Cong. As long as there are men like these who have love and charity for their fellow man in their hearts, there is still reason for hope and faith that somehow a better world will emerge for all of suffering humanity.

The Medical Mission Sisters, the only American Sisterhood in a country where Catholics number about ten percent of the population, are setting the pace for the many that will come after. In their school of nursing they aim to mold the youth of tomorrow which is where the destiny of the future of Vietnam lies. The need for nurses today is greater than ever before. The out-patient clinic in the hospital treats one hundred sick every day. It is not just a question of providing care for the hundred who crowd our own out-patient department or seek admission to our hospital, important as this may be. There is a still more desperate need to pass on our skills, to put not only our medicine but our very knowledge into those outstretched hands.

Every sick body comes seeking wholeness, reassurance, a sense of security, some hope for the future, salve for psychological sores. These are people who have gone to bed at night with war and awakened the next morning to the same war for twenty years, a whole generation of young people who think war is not the exception but the norm. Training is a promise of permanence, an assurance that life itself will continue and that hope of deliverance from evil hangs on. Many Vietnamese girls are ready and eager to serve in hospitals in hopes of a better future for their country. Their spirit is far from crushed by the heavy weight of war.

*Sister Benedicta (author), medical technologist in Latin America.*

# THE CIRCLE WIDENS

*By Sister M. Benedicta*

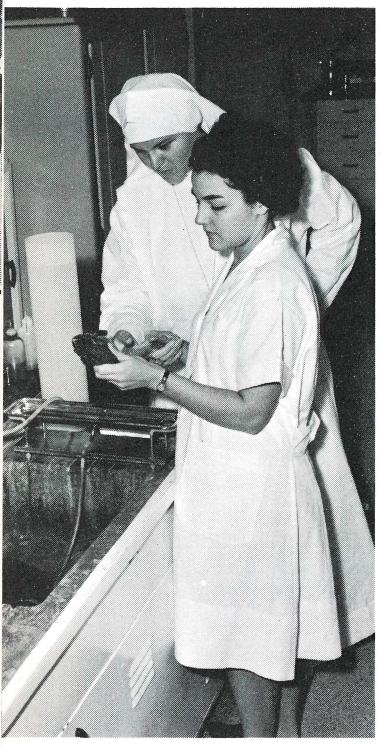
Healing is an ongoing process because it is continuous. It is going on now, in the present. But healing can only be effective if it adapts itself to the now. It must heal in the manner acceptable to the demands and medical concepts of today.

Because healing is a dynamic process, it can evolve and change to meet these demands. Today it is imperative that we who are engaged in the mission of healing make this adaptation and meet these demands in cooperation with and as a true service to the governments of emerging nations. We must leave our isolation and put ourselves in the service of these governments. We must fit our ideas into their ideas on how the level of health can best be raised. Our scientific know-how can no longer belong to us alone but must be shared. This sharing may take the form of running a nursing program in a state university, such as we have in Maracaibo, or it may be a quiet, routine service given daily with very little fanfare. It is this second type of ordinary, undramatic service that has been my life for the past eight years.

Our hospital in Caripito is not a large one, only 75 beds, but the medical care it gives is no small contribution. My work in the medical team is in the

# We are always learning more

*Teaching takes many forms: passing on the "tricks" learned by experience . . .*



*. . . demonstrating some interesting result . . .*

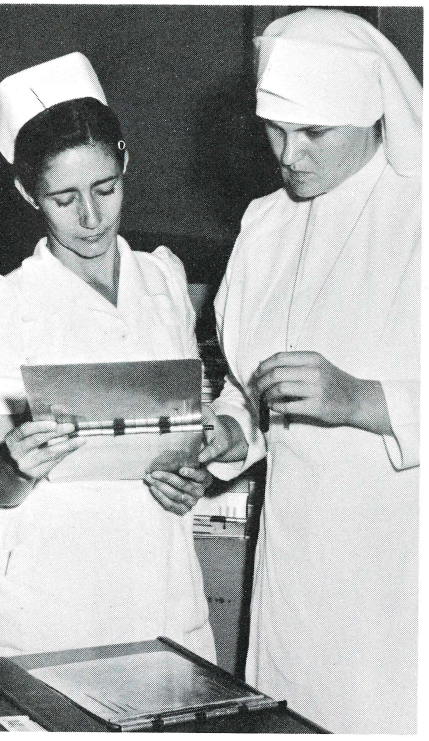
laboratory. I am a medical technologist. To many, the word lab conjures up thoughts of needles and blood tests. But if you stop there, you miss my world completely, for that is just one part of a service rendered. It is like a pebble dropped into a lake. The circles radiate out and out, but very quietly.

For instance there is the day-to-day teaching which is given to the laboratory technicians who work with me. These girls are university graduates who come to work and be taught. The goal is to prepare each one to become a supervisor capable of teaching others so that my own efforts to educate are multiplied through the hands of many. To achieve this means watching, working, correcting so that those who come to us to learn become not only skilled in their field but proud of their profession. It means creating professionals dedicated to serving others, an effective and lasting contribution to the country.

Teaching may take many forms. It might mean talking out a difficult case with the technician so that the best possible solution is arrived at by the sharing of knowledge. It might mean passing on the many "tricks" learned by experience or demonstrating some

## and more about how to heal others.

*. . . chance encounters at the nurses' station.*



*Love at first sight.*

interesting result so that all benefit by each other's work. Sometimes it is simply those calm moments when the day's work is discussed; at other times, those frenzied minutes when we must function smoothly and quickly as a team to save a life.

But my task of service does not end at the lab doors. It must and does go beyond them. In our own hospital there are meetings with the staff doctors to discuss new tests on the market and to study their desirability in our circumstances. There are lectures on laboratory procedures to the nursing services, so that the nurses can participate in giving good care with intelligence and understanding. There are chance encounters at the nurses' station, opportunities to answer questions or explain the importance of some test. Beyond our own hospital, our laboratory services the small government hospital here in Caripito with transfusions, blood chemistry and bacteriology.

These are all little things in themselves but of great importance to the level of care given. For each of these people trained will be able to train others. From one pebble the circle widens and widens, adapting itself to the conditions and the needs it meets.

# a Doctor comes home

By Sister M. Francis Xavier, M.D.

*Sister M. Francis Xavier Namchu of Darjeeling, West Bengal, was among the first group to enter the Medical Mission Sisters' Indian novitiate in Poona. After making vows, she went to Lady Harding Medical College in New Delhi, receiving her M.D. degree in 1959. After internship and residency in OB-Gyn in the United States, she returned to India to join the staff of Holy Family Hospital, Patna, on the banks of the Ganges River.*

## Because there is dedication, there is continuity.

*Sister Francis Xavier, M.D., at long last comes home, and her family is eager to hear about those far away places.*

The sun was rising as I landed in Dum Dum airport in Calcutta. It was hot and humid. Customs took some time, but my connecting flight to Bagdogra was late so I did not have to hurry. When I landed in Bagdogra shortly after midday, I knew I had come home at last. My sister Philomena, my younger brother and his new wife, cousin Samuel and cousin Cecil, even Bishop Eric himself, were waiting. The Bishop had borrowed the jeep ambulance from the Sisters of Charity to bring me home in style.

At home a whole lot of people were waiting with flowers and *Khada* greeting songs. It was a grand reunion. Everybody was pleased. Some people had come from as far as Kurseong and Kalimpong. That night we had a big *Khana* meal.

On my arrival it started raining, and it kept on raining the whole week until the day I left. Only then did it clear a little, and I was able to see again the hills and a little bit of snow on the tips of the Himalayas.

In four years, Darjeeling had changed in many ways. There was much poverty. Food was rationed. Even my father had given in this time. Previously he could not do without rice twice a day. No matter what happened, he had to have it. Get it in black market, pay lot more extra, but get it. Now he is resigned. I found that he eats *chaputi* once each day without grumbling.

The day after my arrival I went with my mother to Pakyang in Sikkim to see my priest brother. He could not come to Darjeeling to see me because of school and work in the rice fields. They were waiting for rain. The monsoon was late again. This year too the crop will be bad. Two of my cousins met us at Rango check post between Darjeeling, India, and Sikkim, where foreigners need to go through Customs. From there we took a jeep and climbed the mountain. We reached Pakyang by 3:30 p.m.

School was just over. My brother was in the playground drilling the children. He himself teaches class the whole day, eight classes in a row. It is a junior high school, the only school in the area, with 300 children. Some of the children come from distances of five to six miles uphill, with nothing to eat the whole day long, and then the long walk back. Even my brother and the other school teachers do not eat anything until after school is over. Many of the children are malnourished, and some have already contracted tuberculosis.

When we reached the playground, my brother dismissed the class and we walked back to his parish house which is near the church. The wooden building with its thatched roof is about a 15 to 20 minute walk from school, through paddy fields wet and full of leeches. I had to jump all the way to the house.

The house was a square, wooden building, partitioned into four rooms with a separate little kitchen house. A young orphan boy lives with my brother and does the little chores for him after they come home from school. My mother, knowing that my brother does not have anything, had carried bread, a huge piece of meat which my father had cured and boiled the day before, and a few other things. My brother had lost some weight since I last saw him. He used to be a wide man. He said Mass with a kerosene lamp in the evening and kept all of us amused with his jokes. The next morning my mother, my two cousins and I left

Pakyang by jeep.

We stopped in Gangtok on the way back to see a gathering of our relatives. The road to Gangtok is along the Tista River. During the monsoon the river is high and the current is very strong. The road goes right into the water. We made it that day without any difficulty.

It was night as we neared Darjeeling. The whole ride back was wonderful. Although it was dark, I could see a few animals crossing the road at times, not those very big ones like tigers. A few days before, the road had been closed because of landslides, but it was open again and we had no trouble. When we began climbing the hill from the Tista valley it started to pour. Darjeeling town itself was as usual wet and foggy.

The next day I went to watch a soccer match, but it rained all the time. The people did not mind, except one team did not arrive for the second game. They were coming from the plains and did not make it.

All too soon my home visit came to a close. Friday morning we left for Bagdogra by car, my father, my mother, Philomena and cousin Cecil. Little Cecil is seven years old, but from the time he was born he has lived in our house. In the beginning his mother was sick, so my mother looked after him. Then his mother had to work, so he just stayed with us. Now he has become my father's or my sister's tail. Wherever these two go, he goes.

We stopped at Kurseong on the way to say goodbye to my brother and sister-in-law, my uncle and my aunt. When I reached the airport the plane was late. There is only one flight from Calcutta to Bagdogra. The same plane makes the return flight to Calcutta, provided it arrives in the first place. It was late afternoon before I was at last on my way to my new assignment, Holy Family Hospital in Patna.

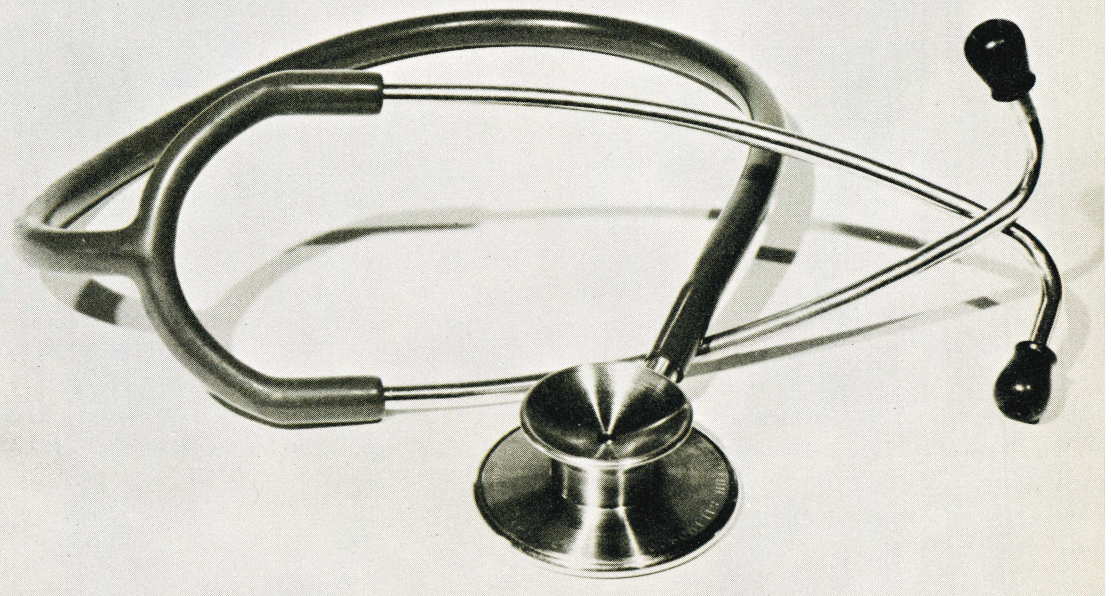
I arrived in Patna via Calcutta the

next day and the Sisters were there to meet me. It was a big welcome I received. I was told I did not have to start work until Monday, but that very evening I had a case in my hands.

The district magistrate's wife, daughter of the superintendent of police in Patna, had just been admitted. Hyperextension of the spine, no prenatal care—my first Caesarean section already! The Lord looks after his own, and my first case was a success.

When my work officially began, I was busy from morning till night. One patient was bleeding heavily, but she did not want an operation. She was getting up to go home with a big puddle behind her when I came rushing into her room. She bled to 4 grams hemoglobin before we could manage to get permission to operate and rolled her into the OR. To top it all, she was AB group and we just did not have any AB blood in the house. Sister Marie Therese had gone to jail that morning to try to collect blood, and do you think she could come out with one offer? None. So with two bottles of DEXTRAN we pulled the patient through and she did not get AB blood until the third or fourth day. At that we could only get one bottle (about 350 cc.). We gave her plenty of iron to chew.

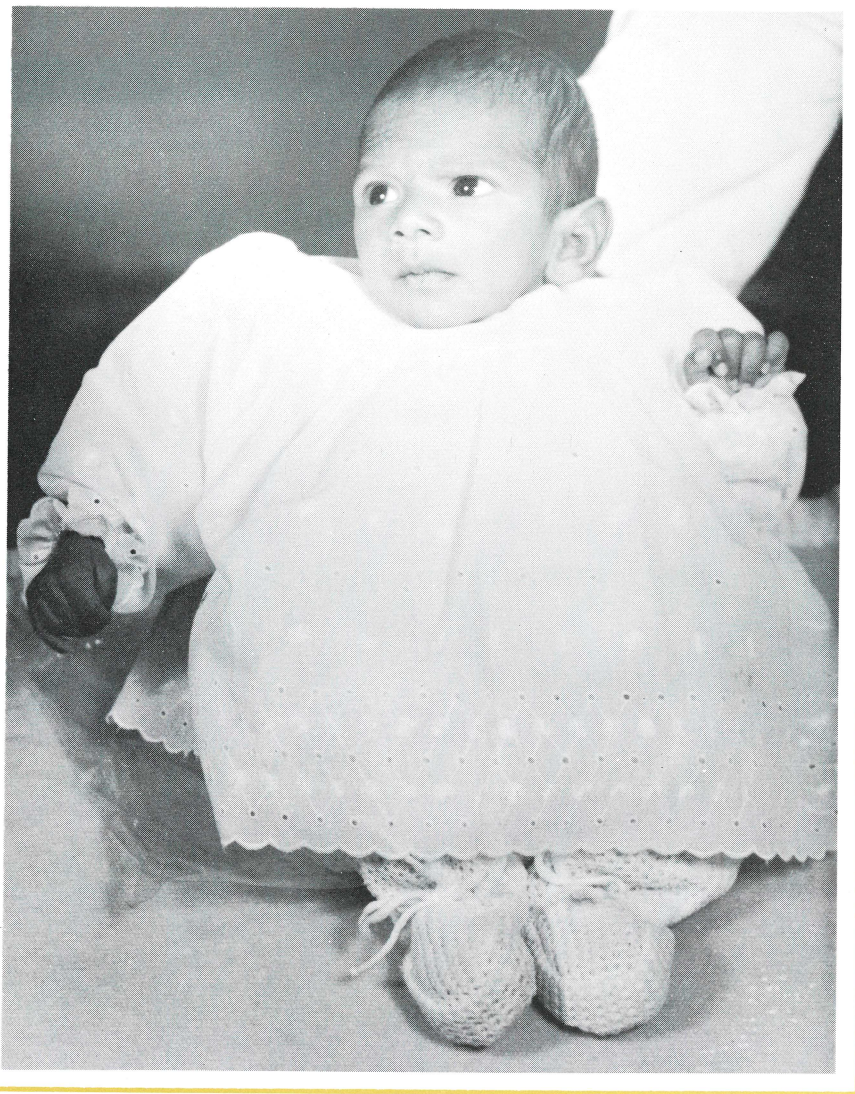
Later that week we removed two tumors as big as full term babies. Two women had tumors filling the whole of the abdomen. There are usually many surgical cases, but right now they have all disappeared. The rains were late this year. When they finally came, the people all returned to their land, where they are now profusely busy planting. The crops will be bad, I am afraid. So will the sickness. Everywhere I turn the needs of the people shout to me. Please keep all these people in your prayers, and also all the people in the hills, my home, that they may come to know His love through our own.



# Once upon a time

*By Sister M. Dominica, M.D.*

**All human history is a healing story.**



*Little Francis Xavier on his baptismal day.*

Once upon a time there lived in Pakistan a tiny abandoned baby, deserted by those who should have cherished him. One day the magic wand of God's love touched him mightily and brought him to the home of a beautiful lady in a far-off land where he became her child.

It all began at a railway station in Paris where I was saying goodbye to my newly-ordained Priest brother, Father Zuzek, S. J. One of his last remarks was, "And don't forget, Rezika, I am serious about your trying to find a baby for Madame Meudon to adopt . . . a boy, his parents unknown, no more than six months old. Madame Meudon is a widow with four children of her own, but she will not rest until she can open her heart and home to an orphan child from among the world's poorest and most neglected."

"It will not be easy to find an abandoned boy in Pakistan. A girl, yes—but a boy! This doesn't often happen," I replied. "However, I promise to try my best."

One afternoon shortly after my return to the staff of Holy Family Hospital in Karachi, I went over to the orphanage to inquire about a boy, more out of a sense of duty to my brother than a hope of success. They showed me several little girls but, as I suspected, no boys.

When I arrived back at the hospital I found a letter waiting for me, the first of several that were to introduce me to Madame Meudon, this extraordinary woman with a great heart and a vivid awareness of being a post-Vatican II Christian.

"I have prayed for a long time and sought advice to help me in my decision. My sensitive nature makes me feel very much the sorrows and needs of others. My age is 44 years. My husband, dead 10 years now, was killed in an air crash. I have four children, the eldest is already married, two sons of 14 and 13 and my daughter who is 10. We all want to open our home to an abandoned baby, to make him our own. The more I pray about it, the more it is clear that the Lord wants me to do this for his glory. Please tell me everything that is needed to arrange papers, etc."

There seemed to be no doubt in her mind that I would find a child and each time she wrote, I too began to want it more and more. "You may wonder why I am asking for a child less than six months old. It is just that I want him to know our love and the warmth of our hearth from his earliest weeks," she wrote. Another time—"How assured I now am that our efforts to adopt a child are directed by the Lord. Just last night I read in the *Decree on the Apostolate of the Laity* that the adoption of abandoned infants is first on the list of suggested activities for the family apostolate.

It was a long wait. Finally, on the feast of St. Francis Xavier, the orphanage phoned. "A baby boy arrived today, Sister. Would you like to come over and see him?"

That day as I looked down on the tiny bit of humanity asleep in the crib before me, I wondered, could this small child really be meant to fly thousands of miles away, to move out of a world of rejection and into the center of an eager and loving family, to grow up in a Christian, French-speaking environment instead of an Islamic, Urdu-speaking one? Almost as if to answer for himself, the infant opened his eyes and stuck out his little fist. He was a fighter from the start! I examined

*Francis Xavier, in the arms of an air stewardess, begins the long journey from rejection into a mother's love.*

him carefully, noting the sharp features of his tiny face. There was no obvious defect of any kind. Madame Meudon knew, of course, that we could not give any assurance of the child's mental or psychological stability. She had even written once: "If it should be that the child you send us is not mentally sound, we have talked it over and think that it would be a special sign from God that we were to love him even more."

I hurried back to the hospital to send the good news to Paris. I was careful to mention that the phone call announcing the child's arrival came on the great missionary feast of St. Francis Xavier. On the vigil of Christmas, the letter from Madame Meudon arrived. Everyone in the house was preparing for the baby's arrival. He should be called Francis Xavier and was to be baptized in Karachi on the feast of the Epiphany. We joyfully fulfilled her request.

It had been agreed that Francis should weigh 10 pounds before beginning his long journey. This was no small feat, without mother's milk, without the undivided attention of loving parents. It was "up-and-down" progress for several weeks. One day in conversation with a young Pakistani woman, I was lamenting Francis Xavier's battle with life and how concerned I was to have him put on weight. "Let me take him home with me for awhile," she said almost casually, "with my six, one more will only make it merrier." Another stranger moved into the child's small world to enrich it, to push back barriers that tried to bind him in, another woman whose heart could not be closed to the needs of others. Joyce had already had three children of her own when her family doubled overnight. Quite unexpectedly, she delivered triplets. The sudden increase forced her to make many adjustments, all of which only seemed to make her more of a wife and mother than ever. For some weeks she gave Francis the full benefit of her motherliness, her generosity, her attentive eye.

In Paris, Madame Meudon was having problems of her own. The French Government had just passed a law forbidding adoption by couples who already had children of their own. But Madame was not to be daunted. She went to the highest officials to explain her case, told them that the child was already baptized in her family name and would be arriving momentarily. Her letter telling me that she had won her "battle" crossed mine, saying that Francis had won his—10 pounds at last and raring to go!

Things happened quickly from then on. On Friday the French Embassy called to say they had received Francis' visa. The following Sunday he was ready to begin his new life. Madame Meudon had purchased his plane ticket in Paris and made arrangements for a special air stewardess to accompany him from Karachi. Joyce drove him to the airport and I met them there. We watched as the stewardess changed his clothes, putting on the set Madame had sent ahead from Paris. It was complete even to a tiny hanky found under the pillow of the basinette.

Francis Xavier Meudon, enroute to Paris, so the ticket read. I read much more. Enroute to a home, a heart, family solidarity, Christian love. Once upon a time . . . I prayed he would live happily ever after.

# LORRY LORE

*By Margaret Peil, Ph.D.*

When I was a child, we used to play the game of "Spotting the Licenses" whenever we travelled. In Ghana there is a similar game with even more variety — "Spotting the Slogans." Ghanaian mammy lorries are known to their customers by the brightly-painted labels front and back which often proclaim to the world the owner's philosophy of life. These slogans also tell us something about Ghanaian culture.

Driving a lorry is the great aspiration of many a young (and not-so-young) man, and owning a lorry confers considerable prestige, since it is one of the chief ways for an illiterate to achieve economic success. The initial investment is a tremendous step, and often the slogan represents the owner's indebtedness to his relatives or his trust that God will provide the means to repay the debt. Therefore, you often see *ONUA PA YE* (A good brother is desirable), meaning that they helped to buy the lorry; and *ALLA YA KAWO* (God will provide) or HELP ME O GOD, meaning "I hope I'll be able to pay for this lorry." To the man in debt, POOR MAN NO FRIEND.

But not all lorry slogans are self-interested. Religion is more a part of daily life in Ghana than in America, regardless of whether a person is Christian, Muslim or pagan. Biblical quotations find their way into student essays and newspaper editorials, so it is no surprise to see them on lorries. Passers-by are admonished to WATCH AND PRAY, to TRUST AND OBEY and that HUMILITY is important. The lorry may proclaim dedication to ST. ANTHONY or ST. CHRISTOPHER. For those who like Latin, there is DEO GRATIAS. And who would not think twice when faced with a lorry that proclaims: PREPARE TO MEET THY MAKER?

A lorry ride provides more than travel; it is a social event. Ghanaians are very friendly, and conversations start easily. Long-distance passengers may have to wait for hours until the lorry is "full" (meaning that there are half again as many passengers as the legal capacity and that conditions approximate a New York subway during the rush hour except that everyone is seated). Even during the journey, there will be conversation with one's neighbors. So certain lorry slogans concentrate on this. LOOK THESE PEOPLE. THEY SAY WHAT THEY DON'T KNOW. LOVE YOUR ENEMIES. A GOOD NAME IS BETTER THAN RICHES . . . or the short reminder, SAY YOURS (Speak of your own self, not of others).

Social change is rapid in Ghana and, as in any country, there are those who wish for the old times and others who look only to the future. The lorry slogan which has least echo in the culture today is WASTE NO TIME. Others express popular sentiments: NO ONE KNOWS WHAT TOMORROW WILL BRING FORTH and PAST TIMES CANNOT BE RECALLED. Friends of Ghana hope the process of development will be smooth. Its inevitability is proclaimed in the proverb, A LIVING BIRD WILL SURELY GROW FEATHERS.

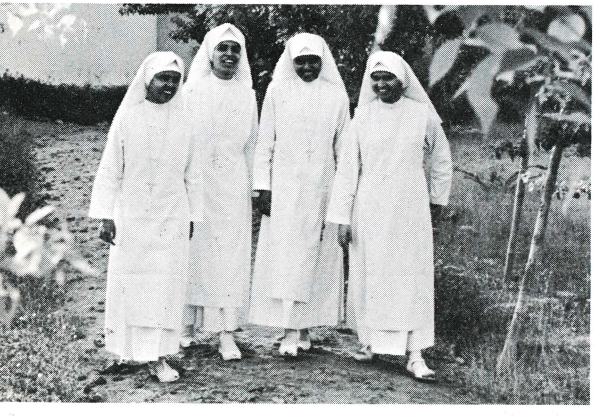
*In front of a lorry, Techiman, Ghana.*

# Medical Mission Sisters around the world give witness to God's making all things new.

*Sister Gerard (author) at admission desk of Holy Family Hospital, Dacca, East Pakistan.*

*Filipina Sisters.*

*Indian Sisters.*



## The Ongoing Dimensions Of Healing

*(continued from page* **103***)*

dimension of healing. If we believe, we can be not only healed but we can heal others. Our presence becomes a truly healing presence. We communicate our faith in the infinite possibilities, in the always-to-be-hoped-for mercies which have responded to man's need by making all human history a truly *saving* history, a *heilsgeschicte,* a "healing story." Our science, though essential, is not enough. It cannot assure continuity and hope and faith, especially that faith which "hopes against hope" as did our father Abraham.

In the emerging nations where the healing mission is of special urgency, this faithful healing is a peculiarly hopeful sort of witness so valued by the developing peoples. They are essentially "go-ahead" people with eyes on the future. To heal them and to teach them how to heal others is to help them toward that future, toward that confidence in their ability and determination to build it.

"The future is with the young," especially the young nations who are more and more in the mainstream of that world humanization process which is part of the ongoing dimensions of history itself. Those whose vocation it is to help them to play their role in that world-process must be people of hope, future-orientated people who are deeply and joyfully aware of their commitment to the ongoing God of history, to that God who "was and is and will be," to that God who says "I will *heal* them," NOW!

By her maternal charity Mary cares for the brethren of her Son who still journey on earth surrounded by dangers and difficulties until they are led to their happy fatherland.

CONSTITUTION ON THE CHURCH

# POSTMARKED from our houses

## INDIA

*Chotanagpur Project*

Since the Chotanagpur Project began, letters have poured into our office from persons and organizations all over India and abroad. Some write to know more about the work, others simply to wish us success, still others to invite us to conduct similar surveys in other parts of India. The Chotanagpur Project is the first action-oriented research project undertaken in India under Church auspices. It opens up new avenues of activity. A unique feature is the fact that the staff consists of religious (men and women), of laymen and laywomen of different faiths. It hopes soon to expand to include the activities of all the Christian Churches in Chotanagpur. I am privileged to be a part of the Project, sharing in the team's pioneering efforts. Last Fall I addressed the 19th Biennial Conference of the Christian Medical Association of India at Hyderabad, telling them a little about the Project's scope.

Most staff officers have already completed their research tours, visiting not less than 27 parishes in the six districts and four dioceses included in our Project. They are studying what the Church is doing to improve the health and socio-economic conditions of the people here, interviewing religious and lay leaders to determine what more could be done, as well as the nature and volume of assistance required to carry out new socio-economic projects and health schemes. My part in the Program is to study the seven Catholic Hospitals in the area and also the most important dispensaries. The remaining dispensaries will be covered by other members of the team.

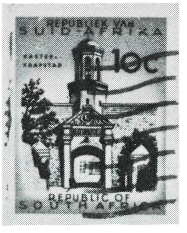
Field research tours have been preceded by weeks of arduous preparation. Expert advice from qualified and experienced people was sought in the preparation of questionnaires for gathering relevant data regarding Church activities in the area of health and socio-economic development. The Project promises to contribute valuable information toward future improvements in the area. Although Chotanagpur has witnessed great social and economic changes during the last decades, many of the villages where Christians live are still far and isolated, accessible only by "private" means of transportation: jeep, cycle or on foot.

Sister Michael Ann

## KENYA

*Slow Motion*

I know that you have heard many stories about trips by public transport. Here's another. On my return to Nangina from Fort Portal (Uganda), I came by PTC, East African style. The first part of the trip was in the luxury of a doctor's car.



■ **CONGO**—MPENDZWA, KIRI ■ **MALAWI**—PHALOMBE ■ **KENYA**—NANGINA ■ **ENGLAND**—SOUTH SHIELDS, OSTERLEY

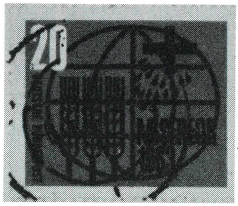
He and his family were returning to Kampala after a weekend at Fort Portal. It was about 3:30 p.m. when we arrived at Kampala. I suggested that we try the taxi station, just in case there were any taxis going to Busia. We drove into the station and people came running to us from all sides. The doctor was a bit startled, but the men were just interested in acquiring a passenger. Yes, a taxi was just now leaving for Busia. So we transferred. I was lucky. There were only eight people in this six passenger car, and they let me sit up front with the driver and another passenger.

We arrived at Jinja, the half-way mark, and went to the taxi station there. They announced that they were sorry, but they did not go to Busia. However, they would find another taxi going that way. We drove all over town, but no taxis. Finally I settled for a ride to Iganga, a mission about 17 miles from Jinja. The Sisters at the mission had a room, so I could stay for the night. Early next morning we were off again in a speed taxi. A speed taxi is usually a 6-9 passenger car that travels a regular route. It is relatively cheap, but has a reputation for speed. Some speed taxis are also in pretty sad shape. They load up at the station and take off. As they go along their route, they hate to refuse a passenger waiting along the roadside. Their motto seems to be, "there's always room for one more." On my trip I was very lucky. There was little overcrowding and the driver stayed within the speed limits.

When we arrived at Busia, the driver took me to the bus stop and arranged for the next part of the trip. The bus was a small, old one, and I was given the seat of honor up by the driver. Some passengers were stretched out on the seats taking a siesta until departure time. Finally the driver appeared and rang a bell. Immediately all the passengers got off the bus and went to different shops to buy things. After another 15 minutes, the driver started the motor and began to blow the horn. Most of the people originally on the bus piled back on. Important items like two pound bags of sugar and little packages of meat were put on the ledge in front of the bus for me to watch. We started and drove to the end of the bus station. Then the bell was rung again and all the stragglers picked up. Finally we were on our way. The people were delighted to have a Sister with them. When I used my four words of Lusamia, I really made a hit.

Half-way between Busia and Nangina we stopped again at Mattiaos. They were having market day there. Everyone got out of the bus and roamed around the market, returning with big bunches of onions and peanuts and bananas. The driver allowed about 15 minutes for shopping, then the bell rang

TECHIMAN, KOKOFU ■ **UGANDA**—FORT PORTAL ■ **PAKISTAN**—RAWALPINDI, KARACHI, DACCA, MYMENSINGH



■ **GERMANY**—ESSEN ■ **HOLLAND**—HEERLEN, UTRECHT■ **INDONESIA**—MAKASSAR, SURAKARTA, PARE-PARE, LAWAN

and off we went. But just to the edge of the village, to pick up the stragglers again. We arrived at Nangina just in time for dinner. It took from 11:00 a.m. until 12:30 p.m. to cover 20 miles. It certainly was interesting though.

Sister M. Patricia
Holy Family Hospital, Nangina

## VIETNAM

*Close Call*

The Sisters on vacation in Dalat missed some excitement last Tuesday night. First the VC put a village on fire at the other end of town. Then, as we watched the fire from the roof, we heard machine guns close by. Before we could turn to see, the whole sky was on fire. They had thrown dynamite on the fuel tanks of ESSO next door! What a sight! We raced downstairs, thinking we might have to evacuate the hospital. In less than 30 seconds, all the families of this section were running down Gia Long Street.

Disaster is the only thought that went through my mind. I envisioned all the tanks blowing up and us along with them. The good Lord decided otherwise. He is really watching over us and everything was in our favor that evening. The wind was relatively low and blowing in the right direction. Although it took a while for the fire engines to come—they were busy with the smaller fire at the other end of town—ones from the valley arrived promptly. Fortunately too, ESSO is well organized, surrounded by trenches and a farm, which kept the fire from spreading.

Helicopters circled and searched the area. Later we learned that the machine gun we heard was the VC killing the American guard and wounding a Vietnamese guard. The report came that 10 people were burned that night. We did not get any cases here. By 10 p.m. everything was under control, although the fire lasted until late the following morning. Our friends, the military police, made a special trip to check on us and reassure us that everything was all right. Everything is back to normal now. We are in the hands of God. Tomorrow is His business, and no worry of ours.

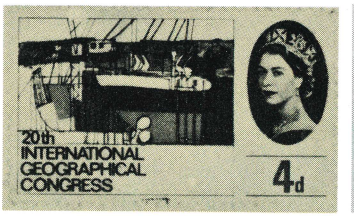
Sister M. Raymond
Holy Family Hospital, Quinhon

## GHANA

*Akan Culture*

Last month we had a workshop on Ghanaian culture, conducted by the Rev. Peter Sarpong, Ghanaian priest of the Kumasi diocese who has recently returned from Oxford. He has a doctoral degree in cultural anthropology and is currently giving a series of public lectures on the sociology and religious customs of Akan society. Two Sisters from Kokofu and two

■ **INDIA**—PATNA, MANDAR, BOMBAY, NEW DELHI, POONA, KODARMA, THURUTHIPURAM ■ **VIETNAM**—QUINHON



**INDIA**—BHARANANGANAM, CHANGANACHERRY, KOTTAYAM, ITHITHANAM, MUNDAKAYAM ■ **PHILIPPINES**—LIPA CITY

from Techiman joined us. Most of the Berekum staff were able to attend the sessions. The workshop will be repeated again in the summer for those who were unable to attend this one.

We learned many things from Father. For example, he told us that a definite taboo is singing at meals. Just the week before we had our Agape supper with the African staff nurses as our guests and had singing with the breaking of bread. Not all the girls were Akans, nor was any offense given because they do not consider such an affair a regular meal and they are not fanatical about their taboos. Yet it is certainly something to remember in planning next year's program.

Sister M. Raphael
Holy Family Hospital, Berekum

## INDIA

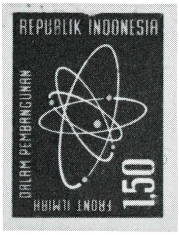
*Famine*

As you know we are in the midst of a terrible famine. The *rabi (grain)* crop has failed in nearly all of Bihar state because of the drought. Pandit Jha speaks of the need to stress the spiritual side of man in the present crisis. Many of the difficulties which used to be borne with a spiritual view are now rejected as the poor demand their rights. What used to be a fatalistic view of their lot in life has now become a complete refusal to accept poverty, hunger and difficulties and an eagerness to join any organization promising them relief from their sufferings.

We are doing what we can in the present crisis. We have a children's milk distribution line of 400 to 800 children every afternoon. One day the public health department of Holy Family Hospital decided to use the children's milk distribution line for a double purpose. Before any child received his drink of milk, he had to submit to a smallpox vaccination. There was quite a bit of resistance at this point, but after a few hardy souls came through with flying colors, the others came back and submitted.

A "Food for Work" project is being carried out by Sister Marie Therese. Nearly 80 unemployed people come every day to work in our vegetable gardens in exchange for a ration of grain which we receive from Catholic Relief Services. This is at least sufficient to keep them from the pangs of starvation. It is quite an interesting group, women with children. The bigger children babysit while their mothers work. They make a party of it and in between sit under the trees for their *kanna*. They are all quite happy to have this opportunity. It saves a person's self-respect to work in exchange for food, rather than just have the ready-made food or grain doled out.

Sister M. Carol
Holy Family Hospital, Patna



## UGANDA

*Blood Equals Life*

So much is being said these days about cooperation in a spirit of ecumenism and, as it usually works out, of economics as well between hospitals of different faiths and with the government. Each step brings mutual benefits and, when a big step has been taken, no one wants to take it back. Here our laboratory has made just such a contribution. A blood transfusion service has been set up for the western region of Uganda between the hospital of Protestant denomination, the government hospital and our own. In the joint venture we share personnel and means. Blood taking sessions have been set up at the various tea companies and secondary schools.

Who gets the blood? Biira, who came in with our safari team from 100 miles away, dying of blood loss due to post partum hemorrhage. She received eight pints. Few people know what it means to give out eight pints of blood to one person who has no relative nearby to replace it. It was only possible because of the new blood transfusion service. Adjo, age 5, came in with a hemoglobin of 2 caused by parasites and poor nutrition. We have had people come in with a hemoglobin of 0.9 and live, but you would probably find that hard to believe. Katuramu, and so many others like him, needed a gastrectomy and blood, and got both. For all of these, blood has equalled life, and we have had it to give.

Sister M. Darrah
Holy Family Hospital, Fort Portal

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CATHOLIC PRESS ASSOCIATION AWARDS BOOKLET. May, 1967


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# HIGHLIGHTS

"Hope is something steady and constant through the whole of life from beginning to end, in small things and in large. It is indeed something that infiltrates the whole of life. Why, we would never get out of bed in the morning if we did not think, with hope, that something would come of it. I would not start this sentence if I did not think, with hope, that I could finish it. You would not be reading this now if you did not hope that something, no matter how small, might come of it. What we see, therefore, is built on what we do not see. And that is another way of saying that we build the present, and that which we see, only in terms of the possibility of a future."

Rev. Wm. Lynch, S.J.
"Toward A Spirituality of Hope."

"The universities of the underdeveloped world cannot continue to function, as they have generally done, as 'Ivory Towers' in the midst of the surrounding misery. It is imperative that they integrate themselves into the hard reality in which they are indeed a part. It is urgent that they should take upon themselves the problems of the surrounding populations. They should denounce the worst type of colonialism which is the internal colonialism whose wealth is built upon the misery of their fellow man. They should help the sub-human masses to become *people,* and then prepare the people for development."

Archbishop Dom Helder Camara
LATIN AMERICA CALLS
April, 1967

"The presence of Christ in the world, in history and in souls is made manifest to us without the clamor of fanfare, but rather with matchless human and spiritual beauty by the humble men and women who pay heed to the mysterious voice of the Master inviting and urging them: 'Come!' And they tear themselves away from their families and occupations and their earthly aspirations and set out on an adventure with the paradoxical and sublime dream of converting the world. They are fully aware that they must toil, suffer and die without praise from the world, without human reward, without knowing what will happen to them. They are heroic souls sworn by an oath to Christ, sworn by an oath to love! Missionary work is now done prudently on an organized and sustained basis. But if we look carefully we shall see that there still remains that element of foolishness which only the folly of the Cross turns into wisdom."

Pope Paul VI

# & INSIGHTS

# HIGHLIGHTS

A 6-state medicine and religion symposium was held in North Carolina on June 11-13. Entitled "The Physician, the Clergy and the Whole Man," the symposium was sponsored jointly by North Carolina's Committee on Medicine and Religion, the American Medical Association and the North Carolina School of Medicine. "This type of meeting creates an interaction between physicians and the clergy which has never before been achieved," stated co-chairman Chaplain Fred Reid, Jr. "Such an interaction is the only manner in which the 'whole man' concept of medicine can be achieved." He explained that the "whole man" concept is based on the premise that man's spiritual and emotional self must be considered in medical treatment as well as the physical being. Complex social changes have led to a certain amount of depersonalization of medical care and, Chaplain Reid concluded, "the medical profession is well aware that good medical care can never be provided without consideration of the human quality."

AMA NEWS

"When I meet a man for the first time—any man, Christian or not—I meet somebody whom I already know profoundly, because I already know the most important thing about myself and him: the fact that we have been made interlocking human beings by Christ. He may not know this, and I may refuse to honor it by creating urban concentration camps for him; but Christ's unifying Lordship over the two of us remains nonetheless. There is nothing that can destroy it—even though all the visible evidence seems to contradict it. And so I can embrace this man without fear, because there is nothing special, nothing frightening, we two have to do in order to be human beings together. We only have to recognize, expose, and implement what is already done. And I can listen to him without fear, knowing that even though he may deny Christ, he can still speak a word of life to me since he *is* Christ's."

John J. Harmon
"Toward a Theology of the City Church"
CROSS CURRENTS, 1964

"It is not our heads or our bodies which we must bring together, but our hearts. The generating principle of our unification is not finally to be found in the single contemplation of the same truth or in the single desire awakened by something, but in the single attraction exercised by the same Someone."

Teilhard de Chardin
BUILDING THE EARTH

# & INSIGHTS

"... and He sent them out to preach the Kingdom of God and to heal... and they departed and went through the villages, preaching the Gospel and healing everywhere."

Luke 9:3,6

*Ricci

Here's my $_____

and good luck with the well.

_____

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# THIS NEED RUNS DEEP.

## can you fill it?

One tube well, badly needed to supply water for Holy Family Hospital, Rawalpindi, West Pakistan.